

AUG 25 2005

3984

PTO/SB/07 (12-87)
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In re: Gregg Freishtat et al.
Case: P3984 Application No.: 09/839,735 Filing date: 04/20/2001
Art Unit: 2144 Examiner: Rainier A. Suazo
Subject: System and Method for Syndicated Transactions

Certificate of Transmission under 37 CFR 1.8

Attention: Rainier A. Suazo, Examiner

Fax No.: (571) 273-8300

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CASE DOCKET NO. P3984

In reference to application of Gregg Freishtat et al.

Serial No. 09/839,735

For System and Method for Syndicated Transactions

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	31	Minus	** 31	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	6	Minus	*** 6	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.


*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

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Respectfully Submitted,


 Donald R. Boys
 Reg. No. 35074

 Central Coast Patent Agency, Inc.
 P.O. Box 187
 Aromas, CA 95004
 (831) 726-1457

Method of Transmission: Facsimile

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**** CLAIMS AS AMENDED ****

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	31	Minus	** 31	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	6	Minus	*** 6	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

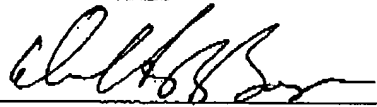
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Respectfully Submitted,


 Donald R. Boys
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2144

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Serial No.: 09/839,735
Filed: 04/20/2001
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Commissioner for Patents
P.O. Box 1450
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Dear Sir:

Response B